

ORIGINAL

LAW OFFICES
BROWN FINN & NIETERT, CHARTERED
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1920 N STREET, N.W.
WASHINGTON, D.C. 20036
—
TEL (202) 887-0600
FAX (202) 457-0126

November 14, 1990

Donna R. Searcy, Secretary
Federal Communications Commission
1919 M Street, N.W., Room 222
Washington, D.C. 20554

Re: KATY-FM
Idyllwild, CA
BMPH-8902081E

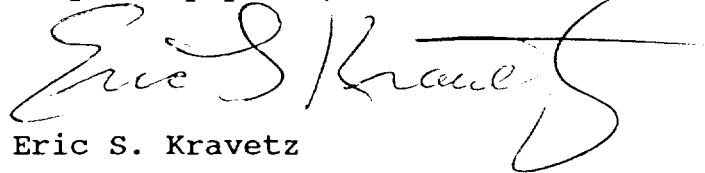
Dear Ms. Searcy:

Herewith, on behalf of our client, Kay Sadlier-Gill, permittee of FM Station KATY-FM, Idyllwild, California, there are submitted herewith an original and two copies of her application to modify permit. The application increases the overall height of the antenna supporting structure above ground level to 20 meters, i.e., 5 meters higher than specified in her current permit. The instant application is being filed pursuant to the directive of the Commission staff in its October 17, 1990 letter to the permittee (Reply Ref. 8920-MDI).

A check made payable to the Commission for \$565.00 and an FCC Form 155 are attached.

Please direct any inquiry concerning this submission to the undersigned.

Very truly yours,


Eric S. Kravetz

ESK:ajs
Enclosure

APPLICATION FOR CONSTRUCTION PERMIT FOR COMMERCIAL BROADCAST STATION

For COMMISSION Fee Use Only

FEE NO:

FEE TYPE

FEE AMT:

ID SEQ:

For APPLICANT Fee Use Only

Is a fee submitted with this application? ☒ Yes ☐ No

If fee exempt (see 47 C.F.R. Section 1.1112), indicate reason therefor (check one box):

- ☐ Noncommercial educational licensee
☐ Governmental entity

FOR COMMISSION USE ONLY

FILE NO. BPH-90115IB

Section I - GENERAL INFORMATION

1. Name of Applicant Kay Sadlier-Gill			Send notices and communications to the following person at the address below: Name Kay Sadlier-Gill		
Street Address or P.O. Box P.O. Box 1468			Street Address or P.O. Box P.O. Box 1468		
City Hemet	State CA	ZIP Code 92343	City Hemet	State CA	ZIP Code 92343
Telephone No. (Include Area Code) (714) 927-8099			Telephone No. (Include Area Code) (714) 927-8099		

2 This application is for:

☐

AM

☒

FM

☐

TV

(a) Channel No. or Frequency

267A

(b) Principal Community	City	State
	Idyllwild	CA

(c) Check one of the following boxes:

☐ Application for NEW station

☐ MAJOR change in licensed facilities; call sign: _____

☐ MINOR change in licensed facilities; call sign: _____

☐ MAJOR modification of construction permit; call sign: _____

File No. of construction permit: _____

☒ MINOR modification of construction permit; call sign: _____ KATY-FM

File No. of construction permit: _____ BMPH-890208IE

☐ AMENDMENT to pending application; Application file number: _____

NOTE: It is not necessary to use this form to amend a previously filed application. Should you do so, however, please submit only Section I and those other portions of the form that contain the amended information.

3 Is this application mutually exclusive with a renewal application?

☐

Yes

☒

No

If Yes, state:

Call letters	Community of License	
	City	State

Section V-B - FM BROADCAST ENGINEERING DATA	FOR COMMISSION USE ONLY File No. _____ ASB Referral Date _____ Referred by _____
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Name of Applicant

Kay Sadlier-Gill

Call letters (if issued) <div style="text-align: center;">KATY-FM</div>	Is this application being filed in response to a window? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, specify closing date: _____
--	--

Purpose of Application: (check appropriate boxes)

- | | |
|---|---|
| <input type="checkbox"/> Construct a new (main) facility | <input type="checkbox"/> Construct a new auxiliary facility |
| <input checked="" type="checkbox"/> Modify existing construction permit for main facility | <input type="checkbox"/> Modify existing construction permit for auxiliary facility |
| <input type="checkbox"/> Modify licensed main facility | <input type="checkbox"/> Modify licensed auxiliary facility |

If purpose is to modify, indicate below the nature of change(s) and specify the file number(s) of the authorizations affected.

- | | |
|---|--|
| <input type="checkbox"/> Antenna supporting-structure height | <input type="checkbox"/> Effective radiated power |
| <input type="checkbox"/> Antenna height above average terrain | <input type="checkbox"/> Frequency |
| <input type="checkbox"/> Antenna location | <input type="checkbox"/> Class |
| <input type="checkbox"/> Main Studio location | <input type="checkbox"/> Other (Summarize briefly) |

File Number(s) BMPH-890208IE

1. Allocation:

Channel No.	Principal community to be served:			Class (check only one box below)
	City	County	State	
267A	Idyllwild	Riverside	CA	<input checked="" type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B <input type="checkbox"/> C3 <input type="checkbox"/> C2 <input type="checkbox"/> C1 <input type="checkbox"/> C

2. Exact location of antenna.

(a) Specify address, city, county and state. If no address, specify distance and bearing relative to the nearest town or landmark.

On File: No Change

(b) Geographical coordinates (to nearest second). If mounted on element of an AM array, specify coordinates of center of array. Otherwise, specify tower location. Specify South Latitude or East Longitude where applicable; otherwise, North Latitude or West Longitude will be presumed.

On File: No Change

Latitude ° ' "	Longitude ° ' "
---	--

3. Is the supporting structure the same as that of another station(s) or proposed in another pending application(s)? ☐ Yes ☒ No

If Yes, give call letter(s) or file number(s) or both. _____

If proposal involves a change in height of an existing structure, specify existing height above ground level including antenna, all other appurtenances, and lighting, if any.

N/A

All Answers To This Page On File: No Change

10. Is a directional antenna proposed?

☐ Yes ☐ No

If Yes, attach as an Exhibit a statement with all data specified in 47 C.F.R. Section 73.316, including plot(s) and tabulations of the relative field.

Exhibit No.

11. Will the proposed facility satisfy the requirements of 47 C.F.R. Sections 73.315(a) and (b)?

☐ Yes ☐ No

If No, attach as an Exhibit a request for waiver and justification therefor, including amounts and percentages of population and area that will not receive 3.16 mV/m service.

Exhibit No.

12. Will the main studio be within the protected 3.16 mV/m field strength contour of this proposal?

☒ Yes ☐ No

If No, attach as an Exhibit justification pursuant to 47 C.F.R. Section 73.1125.

Exhibit No.

13. (a) Does the proposed facility satisfy the requirements of 47 C.F.R. Section 73.207?

☐ Yes ☐ No

(b) If the answer to (a) is No, does 47 C.F.R. Section 73.213 apply?

☐ Yes ☐ No

(c) If the answer to (b) is Yes, attach as an Exhibit a justification, including a summary of previous waivers.

Exhibit No.

(d) If the answer to (a) is No and the answer to (b) is No, attach as an Exhibit a statement describing the short spacing(s) and how it or they arose.

Exhibit No.

(e) If authorization pursuant to 47 C.F.R. Section 73.215 is requested, attach as an Exhibit a complete engineering study to establish the lack of prohibited overlap of contours involving affected stations. The engineering study must include the following:

Exhibit No.

- (1) Protected and interfering contours, in all directions (360°), for the proposed operation.
- (2) Protected and interfering contours, over pertinent arcs, of all short-spaced assignments, applications and allotments, including a plot showing each transmitter location, with identifying call letters or file numbers, and indication of whether facility is operating or proposed. For vacant allotments, use the reference coordinates as the transmitter location.
- (3) When necessary to show more detail, an additional allocation study utilizing a map with a larger scale to clearly show prohibited overlap will not occur.
- (4) A scale of kilometers and properly labeled longitude and latitude lines, shown across the entire exhibit(s). Sufficient lines should be shown so that the location of the sites

SECTION V-B - FM BROADCAST ENGINEERING DATA (Page 5)

Radial bearing (degrees True)	Height of radiation center above average elevation of radial from 8 to 16 km (meters)	Predicted Distances	
		To the 316 mV/m contour (kilometers)	To the 1 mV/m contour (kilometers)
-	On File: No Change		
0			
45			
90			
135			
180			
225			
270			
315			

*Radial through principal community, if not one of the major radials. This radial should NOT be included in the calculation of HAAT.

20. Environmental Statement (See 47 C.F.R. Section 1.1301 et seq.)

On File: No Change

Would a Commission grant of this application come within Section 1.1307 of the FCC Rules, such that it may have a significant environmental impact? ☐ Yes ☐ No

If you answer Yes, submit as an Exhibit an Environmental Assessment required by Section 1.1311.

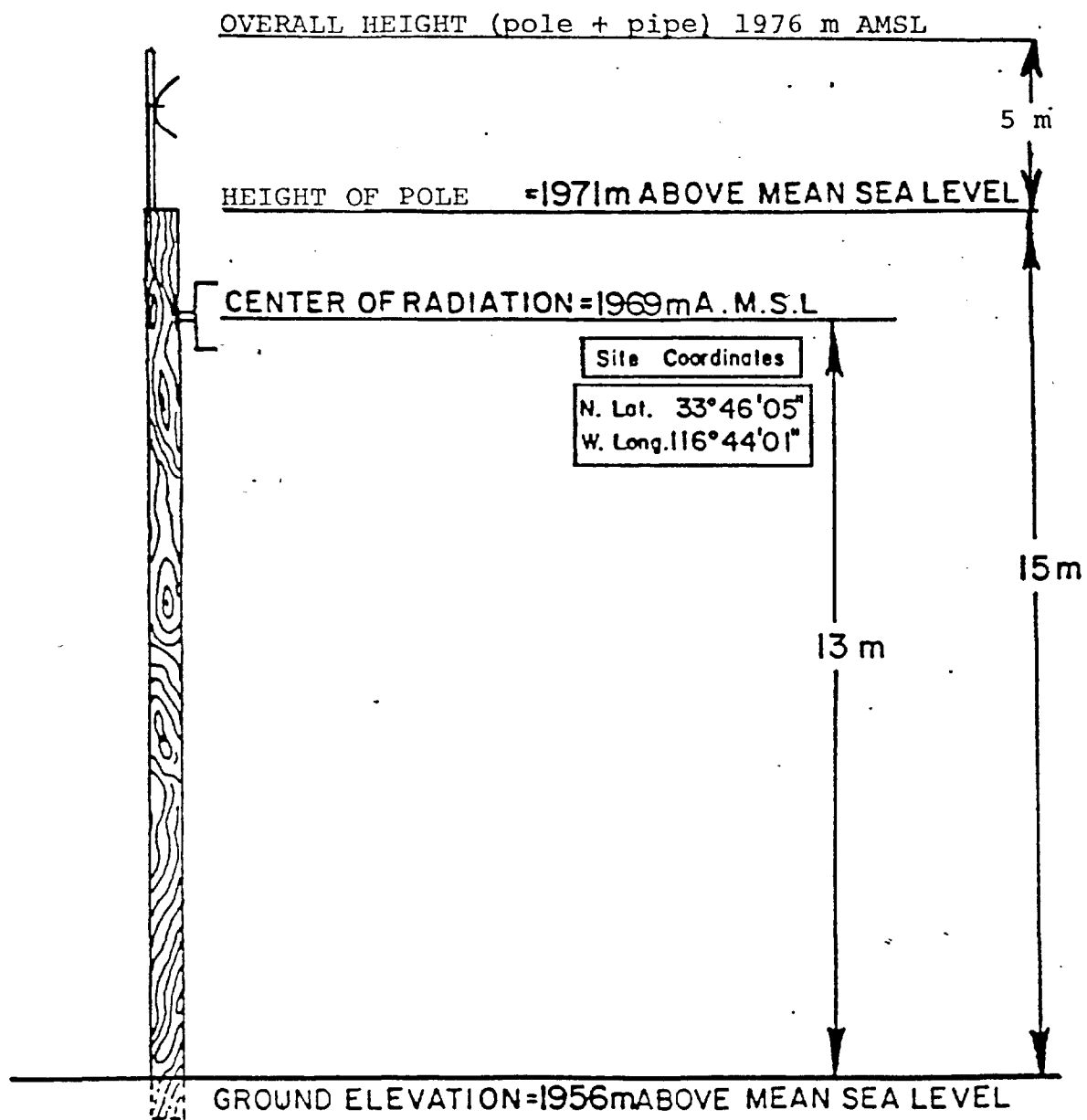
Exhibit No.

If No, explain briefly why not.

CERTIFICATION

I certify that I have prepared this Section of this application on behalf of the applicant, and that after such preparation, I have examined the foregoing and found it to be accurate and true to the best of my knowledge and belief.

Name (Typed or Printed)	Relationship to Applicant (e.g., Consulting Engineer)
Kay Sadlier-Gill	Permittee
Signature	Address (Include ZIP Code)
Kay Sadlier-Gill	c/o P.O. Box 1468 Hemet, CA 92343
Date	Telephone No. (Include Area Code)
11/13/90	(714) 927-8099



SECTION VI - EQUAL EMPLOYMENT OPPORTUNITY PROGRAM

1 Does the applicant propose to employ five or more full-time employees?

☐ Yes ☐ No

If Yes, the applicant must include an EEO program called for in the separate Broadcast Equal Employment Opportunity Program Report (FCC 896-A).

On File: No Change

SECTION VII - CERTIFICATIONS

Approved by DMB
3060-0440
Expires 12/31/90

FEDERAL COMMUNICATIONS COMMISSION
FEE PROCESSING FORM

FOR
FCC
USE
ONLY

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

SECTION I

APPLICANT NAME (Last, first, middle initial)

Kay Sadlier-Gill

MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to instruction (2) on reverse of form)

Post Office Box 1468

MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

CITY

Hemet

STATE OR COUNTRY (if foreign address)

CA

ZIP CODE

92343

CALL SIGN OR OTHER FCC IDENTIFIER (if applicable)

KATY-FM

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in FCC Filing Guides. Enter in Column (B) the Fee Multiple, if applicable. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B), if any.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) M P R		\$ 565.00	

SECTION II — To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(2)		\$	
(3)		\$	
(4)		\$	
(5)		\$	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (5), AND ENTER THE TOTAL HERE.
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.

TOTAL AMOUNT REMITTED
WITH THIS APPLICATION
OR FILING

\$ 565.00

FOR FCC USE ONLY



P.O. BOX 1468 PH. 714-927-8099
HEMET, CA 92343

#BMPH-890208IE

1453

11/13 1990

90-3419
1222

PAY
TO THE
ORDER OF

Federal Communications Commission

\$ 565

Five hundred sixty-five and ^{no}/₁₀₀

DOLLARS



The Bank of Hemet

Eastside Office
1600 East Florida Avenue
Hemet, California 92344-6318

FOR

Filing fee - 301

Katy Gill

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